

12-30-4
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be complete appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDR maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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32361 7590 10/05/2004

GREENBERG TRAURIG, LLP
885 3RD AVENUE
NEW YORK, NY 10022

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with th States Postal Service with sufficient postage for first class mail in an addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO (703) 746-4000, on the date indicated below

Randi Flamenbaum (Deposi

December 28, 2004

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION
10/021,980	12/14/2001	Jeremy J. Nathanson	DIORTH 130A 67883.010100	2400

TITLE OF INVENTION: INTERNAL OSTEOTOMY FIXATION DEVICE

01/03/2005 HUUONG2 00000004 501561 10021980

01 FC:1504 300.00 DA
02 FC:1501 1400.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370.00 1400	\$300	\$1670.00 1700	01/05/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
STOKES, CANDICE CAPRI	3732	606-071000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ORTHOPAEDIC DESIGNS, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

McClure Musculoskeletal Research Center, Room 438
Stafford Hall, Department of Prthopaedics and Rehabilitation
University of Vermont, Burlington, VT 05405

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Gov

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number 501561 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified abo NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Barry J. Schindler

Date December 28, 2004

Typed or printed name

Barry J. Schindler

Registration No. 32,938

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepa submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Comme Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. B Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): ORTHOPAEDIC DESIGNS, LLC
SERIAL NO.: 10/021,980
FILED: December 14, 2001
ATTY. DOCKET: 67883.010100
TITLE: INTERNAL OSTEOTOMY FIXATION DEVICE

EXPRESS MAIL CERTIFICATE

Express Mail Label No. EV 569745475 US

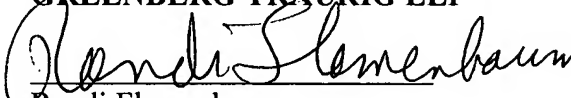
Date of Deposit: December 28, 2004

I hereby certify that the following attached paper(s) and/or fee

1. PTOL-85 Issue Fee Transmittal Form (in duplicate);
2. Fee transmittal Authorizing withdrawal from Deposit Account 501561- \$1700.00;
3. A self-addressed stamped postcard, return of which is requested to acknowledge receipt of the enclosed documents.

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. Section 1.10 on the date indicated above and is addressed to Mail Stop Issue Fees; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

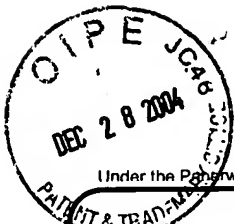
Respectfully submitted,
GREENBERG TRAURIG LLP


Randi Flamenbaum
Legal Assistant

Dated: December 28, 2004

CORRESPONDENCE:

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$1700.00)**Complete if Known**

Application Number	10/021,980
Filing Date	December 14, 2001
First Named Inventor	Jeremy J. Nathanson, et al
Examiner Name	Candace Capri Stokes
Art Unit	3732
Attorney Docket No.	67883.010100

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 501561 Deposit Account Name: Greenberg Traurig

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Issue Fee \$1400 and Publication Fee \$300

Fees Paid (\$)
\$1,700**SUBMITTED BY**

Signature	<i>Barry J. Schindler</i>	Registration No. (Attorney/Agent)	32,938	Telephone	212-807-2244
Name (Print/Type)	Barry J. Schindler	Date	12/28/2004		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.